PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

H0001867

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER SMALL E	OTHER THAN SMALL ENTITY	
TOI	AL CLAIMS		20				ſ	RATE	FEE		RATE	FEE	
			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00	
FOR TOTAL CHARGEABLE CLAIMS			20 minus 20=		. 0		Ī	X\$ 9=		OR	X\$18=		
	INDEPENDENT CLAIMS			7 minus 3 =		. 4		X40=		OR	X80=	320	
l						ŀ				.070	760		
	MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	1030	
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2		TOTAL		OR		_	
CLAIMS AS AMENDED - P. (Column 1) (C					ART II olumn 2) (Column 3)			SMALL	ENTITY	OR	OTHER SMALL	ENTITY	
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		OR	X80=		
₹	FIRST PRESE	NTATION OF M	NULTIPLE DE	PENDE	NT CLAIM			+135=		OR	+270=		
								TOTAL		OR	TOTAL		
					1	(0.1 0)		ADDIT. FEE		J	ADDIT. FEI	- -	
		(Column 1)			umn 2)	(Column 3)	1		ADDI-	7		ADDI-	
N B		REMAINING AFTER AMENDMENT		PRE	JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=		
	Independent		Minus	***		=		X40=		OF	X80=		
II₹	FIRST PRESE	NTATION OF	MULTIPLE DI	EPENDE	NT CLAIN	1	J	+135=		OF	+270=		
		הרכז	r AV/AN	۸DI		NOV		TOTA			TOT		
		DEO	AVAII					ADDIT. FE	E L		ADDIT. FI	: C I	
		(Column 1)		olumn 2) IGHEST	(Column 3	4		4001	7		ADDI-	
0		CLAIMS REMAINING AFTER	100	PRI	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	Ì	RATE	ADDI- TIONA FEE		RATE		
	Total	AMENDMEN	Minus		AIDTOIT	=	1	X\$ 9=			R X\$18	=	
AMENDMENT	Total Independent		Minus	***		=	1	X40=	+	1	V00	<u>-</u>	
	FIRST PRES	ENTATION OF	MULTIPLE	DEPEND	ENT CLA	IM		X40=		- °	<u> </u>		
-	<u></u>							+135=		_ °			
	• If the entry in co	I b. a. a. Onaviavia	L Daid LAC IN	THIS SPA	W-L 12 1622	UIGHT EU, UINU	20."	TOTA ADDIT. FE		0	R ADDIT. F	EE	
ı	••• If the "Highest h •••If the "Highest f	Number Previous umber Previously	ly Paid For" IN	THIS SPA	ACE is less	than 3, enter "3	." nher			box ir	n column 1.		